

HEALTH OCCUPATIONS CREDENTIALING  
612 SOUTH KANSAS AVE, TOPEKA, KS 66603-3856  
**CRIMINAL RECORD CHECK REQUEST FORM**

**FACILITY NAME:**

**FACILITY I D #**

**ADDRESS:**

**CITY:**

**STATE :**

**ZIP CODE:**

Applicant information: **ALL REQUESTED INFORMATION MUST BE PROVIDED** or the form will not be processed.

Last Name:

First Name:

Middle Name

Suffix (Jr, Sr, etc)

Other Names Ever Used:

Last Name:

Last Name: \*\*

\*\* List additional names on back. Check here if more on back.

☐

One of the following **must** be selected

Social Security Number

Date of Birth

Sex

Race

A - Asian or Pacific Islander

B - Black

I - Native American/Alaskan Native

W - White

Address

Post Office Box # (if applicable)

City

State

County

Zip Code

Home Phone

Work Phone

Certificate # (if applicable)

Completed by

Date